

SB 1568 A STAFF MEASURE SUMMARY

Senate Committee On Early Childhood and Behavioral Health

Action Date: 02/12/26

Action: Do pass with amendments. (Printed A-Eng.)

Vote: 4-1-0-0

Yea: 4 - Anderson, Gelser Blouin, Patterson, Reynolds

Nays: 1 - Linthicum

Fiscal: Has minimal fiscal impact

Revenue: No revenue impact

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Meeting Dates: 2/10, 2/12

WHAT THE MEASURE DOES:

The measure makes changes to doula and lactation counselor coverage by Medicaid and health benefit plans and establishes the Oregon Perinatal Collaborative. The measure declares an emergency, effective on its passage.

Detailed Summary:

Makes changes to doula coverage for Medicaid recipients. Directs the Oregon Health Authority (OHA) to define qualification criteria by rule for, at a minimum, birth doulas and postpartum doulas by January 1, 2028. Requires coverage of a minimum of 12 visits, 24 hours of services, or a comparable combination of visits and service hours. Applies to contracts between OHA and coordinated care organizations (CCOs) entered into, amended, or renewed on or after January 1, 2028.

Makes changes to lactation counselor coverage for Medicaid recipients. Removes references to lactation educators. Requires coverage of lactation counselor coverage without prior health care provider referral. Applies to contracts between OHA and CCOs entered into, amended, or renewed on or after January 1, 2028.

Makes changes to doula coverage for health benefit plan members. Requires coverage of up to \$3,760 of services provided by doulas per 12-month period, adjusted for inflation beginning in 2029. Directs the Department of Consumer and Business Services to define services not covered by the benefit. Applies to health benefit plans issued, renewed, or extended on or after January 1, 2028.

Makes changes to lactation counselor coverage for health benefit plan members. Removes references to lactation educators. Requires coverage of lactation counselor services without prior health care provider referral. Directs DCBS to adopt coverage guidance in alignment with OHA-established requirements to the extent possible. Applies to health benefit plans issued, renewed, or extended on or after January 1, 2028.

Repeals Oregon Revised Statute (ORS) 676.671 regarding the regulation of the practice of lactation counselors and lactation educators, use of titles, and rules. Directs OHA to establish a voluntary registry for lactation counselors. Defines "lactation counselor." Permits already licensed lactation counselors and lactation educators to continue practicing.

Establishes the Oregon Perinatal Collaborative at Oregon Health and Science University. Directs the collaborative to coordinate efforts and make policy recommendations to improve infant and maternal health.

ISSUES DISCUSSED:

- Scope of doula services
- Referral pathways to doula services
- Limits to health benefit plan coverage
- Fiscal impact of the measure

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EFFECT OF AMENDMENT:

The amendment replaces the measure.

BACKGROUND:

Doulas are birth companions who provide personal, nonmedical support to birthing people and families throughout a person's pregnancy, childbirth, and postpartum experience. OHA, in consultation with the Traditional Health Worker Commission, is responsible for the training requirements and credentialing of doulas in Oregon (see [ORS 414.665](#) and [Oregon Administrative Rule 950-060-0150](#)). In 2011, House Bill 3311 directed OHA to study ways to use doula care to improve birth outcomes for people receiving medical assistance. In 2014, Oregon began to cover doula services for birthing people on Medicaid. Reimbursement for doula care was raised from [\\$75 to \\$350](#) in 2017 and from [\\$350 to \\$1,500](#) in 2022. In 2025, Senate Bill 692 expanded coverage of community-based perinatal supports, including doulas, lactation counselors, and lactation educators, for people receiving medical assistance, and required private health insurers to cover community-based perinatal services.

The Oregon Perinatal Collaborative (OPC), established in 2012, works to improve care and outcomes for mothers, birthing people, and newborns. OPC's current initiatives include improving care and outcomes for severe hypertension in pregnancy and postpartum, support for pregnant and postpartum people experiencing substance use disorders, a community birth transfer partnership, and congenital syphilis prevention. OPC is funded by the Oregon legislature, March of Dimes, and a federal grant through the Health Resources and Services Administration.